24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
		0
Check if 24-hour report 48-hour report New	report X Amends report	filed on 03 / 26 / 2016
Full Name of Payee		Date of Public Distribution/Dissemination
North Wood Advertising		03 / 22 / 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth City State	Zip Code	25438.44
Minneapolis MN	55402	Transaction ID : D711479
Purpose of Expenditure Radio	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	✓ President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
North Wood Advertising		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		Allouit
City State Minneapolis MN	Zip Code 55402	6385.00 Transaction ID : D711480 Date of Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
		
(a) SUBTOTAL of Itemized Independent Expenditures)	31823.44
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.	•	
	ronically Filed] Date	04 08 2016
Signature	'	